

# CUNNINGHAM LAW PROFESSIONAL CORPORATION

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## WILL & ESTATE QUESTIONNAIRE

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Today's Date: \_\_\_\_\_

Repeat Client: Yes  No  Referred By: \_\_\_\_\_

The information you are about to provide will be the basis for your discussion with your lawyer about your will and other estate and personal planning. You do not need evaluation or appraisals for listing assets and liabilities – your best estimates should be sufficient for most discussions. However, how you own the legal title to your assets is important and, if you are not sure whether, for example, your house is owned jointly with another person, ask your lawyer to investigate since assumptions can later cause problems. Also, if possible, check with your financial institutions for beneficiary designations on life insurance policies, pension plans and other investments.

### **PART I – FAMILY INFORMATION**

#### **All clients answer:**

1. Name in full: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Telephone: Home \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_
4. Birth Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Place of Birth: \_\_\_\_\_
5. Employer's Name: \_\_\_\_\_
6. Employer's Address: \_\_\_\_\_
7. Occupation: \_\_\_\_\_
8. E-mail Address: \_\_\_\_\_
9. Residence for income tax purposes: \_\_\_\_\_
10. Citizenship: \_\_\_\_\_
11. Domicile: \_\_\_\_\_
12. Social Insurance Number: \_\_\_\_\_

13. Your parents' names in full 1. \_\_\_\_\_ Deceased? Y\_\_ N\_\_  
 2. \_\_\_\_\_ Deceased? Y\_\_ N\_\_

**14. Marital Status (select one):**

- Single                       Married                       Common Law                       Widowed  
 Engaged                       Separated                       Divorced

**If Married, Widowed, Common-Law, Engaged, Divorced or Separated, please answer (If not, go to Q27):**

**Married/Widowed:**

15. Spouse's name in full: \_\_\_\_\_

16. Spouse's birth date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Place of birth: \_\_\_\_\_

If applicable, spouse's date of death: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Place of death: \_\_\_\_\_

17. Date of Marriage: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

18. Date of Co-habitation: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

19. Is there a Marriage or Domestic Contract (i.e. pre-nup agreement, separation agreement)? Y\_\_ N\_\_

If yes, please provide a copy.

**Common Law/Engaged:**

20. Spouse/Partner/Fiancé(e)'s name in full: \_\_\_\_\_

21. Spouse/Partner/Fiancé(e)'s birth date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Place of birth: \_\_\_\_\_

22. Date of Marriage: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

23. Date of Co-habitation: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

24. Is there a Domestic Contract (i.e. pre-nup agreement, cohabitation agreement)? Y\_\_ N\_\_

If yes, please provide a copy.

**Divorced/Separated:**

25. Previous Marriage? Y\_\_ N\_\_

If yes, provide:

a) Date and place of Divorce(s):

\_\_\_\_\_

b) Full name of former spouse(s):

\_\_\_\_\_

c) Copy of Divorce Order(s)

26. Is there a Marriage or Domestic Contract (i.e. pre-nup agreement, separation agreement)? Y\_\_ N\_\_

If yes, please provide a copy.

27. Children of current relationship (indicate whether adopted or step-child, if applicable). **If you do not have any natural, adopted or step-children, go to Question 29.**

<u>Full Name</u>	<u>Date of Birth</u>	<u>Disability &amp; Benefits Received</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

28. Children of previous relationship (indicate whether adopted or step-child, if applicable):

<u>Full Name</u>	<u>Date of Birth</u>	<u>Disability &amp; Benefits Received</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

29. **Other Dependants: (Do you have any legal obligations to support another person in addition to your spouse and/or children, or have you been providing financial support to anyone other than your spouse and/or children?)**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nature of Support: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nature of Support: \_\_\_\_\_

Other dependants (full particulars – you may use a separate page): \_\_\_\_\_

30. Have you ever promised someone a share of your estate in exchange for that person assisting you personally or with your finances or assets? If yes, please provide particulars.

\_\_\_\_\_  
\_\_\_\_\_

31. Have you received any capacity-related diagnoses? (e.g. Dementia, Alzheimer’s, amnesia, etc.) If yes, please provide particulars.

\_\_\_\_\_  
\_\_\_\_\_

**PART II - GENERAL**

32. Do you have a Will? \_\_\_\_\_ If so, when was it last updated? \_\_\_\_\_

33. Does your spouse have a Will? \_\_\_\_\_ If so, when was it last updated? \_\_\_\_\_

34. Are you presently receiving benefits from an estate or trust? If so, please give particulars.

\_\_\_\_\_

35. Have you set up a trust to benefit another person? If so, please give particulars.

\_\_\_\_\_

36. Are you an executor or trustee of any estate? \_\_\_\_\_

37. Are you a trustee for someone else’s assets which are held in your name? \_\_\_\_\_

38. Do you have your own financial planner, investment adviser, accountant or life insurance agent? Y\_\_\_ N\_\_\_

Name and Title

Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

39. Do you have a safe deposit box? If so, where? \_\_\_\_\_

\_\_\_\_\_

40. Where do you keep your financial records? (e.g. at home, in safe deposit box)

\_\_\_\_\_

**PART III – ASSETS**

41. **Real Property – i.e. land (If you do not own any real property, go to Question 43)**

<u>a) Primary Residence (Name(s) on Title)</u>	<u>Title (circle one)</u>	<u>Approx. Market Value</u>
_____	Sole	\$ _____
_____	Joint Tenants	
_____	Tenants in Common ____% ____% ____% ____%	

Address/Location: \_\_\_\_\_

Date of Purchase: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_      Matrimonial Home: Yes \_\_\_\_ No \_\_\_\_

Mortgage(s)

First Mortgage

Financial Institution: \_\_\_\_\_      Approx. Balance: \$ \_\_\_\_\_

Is Mortgage payable by you?    Yes \_\_\_\_ No \_\_\_\_

Is Mortgage Life Insured?      Yes \_\_\_\_ No \_\_\_\_      Approx. Value: \$ \_\_\_\_\_

Second Mortgage

Financial Institution: \_\_\_\_\_      Approx. Balance: \$ \_\_\_\_\_

Is Mortgage payable by you?    Yes \_\_\_\_ No \_\_\_\_

Is Mortgage Life Insured?      Yes \_\_\_\_ No \_\_\_\_      Approx. Value: \$ \_\_\_\_\_

42.

<u>b) Cottage (Name(s) on Title)</u>	<u>Title (circle one)</u>	<u>Approx. Market Value</u>
_____	Sole	\$ _____
_____	Joint Tenants	
_____	Tenants in Common ____% ____% ____% ____%	

Address/Location \_\_\_\_\_

Date of Purchase: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_      Matrimonial Home: Yes \_\_\_\_ No \_\_\_\_

Mortgage(s)

First Mortgage

Financial Institution: \_\_\_\_\_ Approx. Balance: \$ \_\_\_\_\_

Is Mortgage payable by you? Yes \_\_\_\_\_ No \_\_\_\_\_

Is Mortgage Life Insured? Yes \_\_\_\_\_ No \_\_\_\_\_ Approx. Value: \$ \_\_\_\_\_

Second Mortgage

Financial Institution: \_\_\_\_\_ Approx. Balance: \$ \_\_\_\_\_

Is Mortgage payable by you? Yes \_\_\_\_\_ No \_\_\_\_\_

Is Mortgage Life Insured? Yes \_\_\_\_\_ No \_\_\_\_\_ Approx. Value: \$ \_\_\_\_\_

c) Other real estate: (full particulars, including if located outside of Ontario)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**43. Personal Effects**

<u>Type</u>	<u>Ownership</u>	<u>Approx. Value</u>	<u>Loan</u>
Furniture	Joint: ___ Sole: ___	\$ _____	Yes ___ No ___
Vehicles	Joint: ___ Sole: ___	\$ _____	Yes ___ No ___
Jewellery	Joint: ___ Sole: ___	\$ _____	Yes ___ No ___

Special Collections

<u>Type</u>	<u>Ownership</u>	<u>Approx. Value</u>	<u>Loan</u>
_____	Joint: ___ Sole: ___	\$ _____	Yes ___ No ___
_____	Joint: ___ Sole: ___	\$ _____	Yes ___ No ___

**44. Investments**

<u>Company</u>	<u>Type</u>	<u>Account No.</u>	<u>Approx. Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

\_\_\_\_\_ \$ \_\_\_\_\_

**45. Interests in private corporations**

<u>Company</u>	<u>Share Structure</u>	<u>Approx. Value</u>
_____	_____	\$ _____
_____	_____	\$ _____

Particulars of Shareholder's Agreement or Buy/Sell Agreements:

\_\_\_\_\_

\_\_\_\_\_

**46. Interest in Proprietorship or Partnership**

Name _____	Approx. Value \$ _____
Name _____	Approx. Value \$ _____

**47. Pension Plans**

<u>Type</u>	<u>Beneficiary</u>	<u>Company</u>	<u>Value</u>
Employment Plan	_____	_____	\$ _____
Other (Death Benefit)	_____	_____	\$ _____

**48. Life Insurance**

<u>Type</u>	<u>Company &amp; Address</u>	<u>Beneficiary &amp; Address</u>	<u>Value</u>
Group	_____	_____	\$ _____
Personal	_____	_____	\$ _____

**49. Banking**

	<u>Bank &amp; Address</u>	<u>Type of Account</u>	<u>Avg. Balance</u>
Joint with Spouse/Partner	_____	_____	\$ _____
Joint with another party	_____	_____	\$ _____
Personal - Sole	_____	_____	\$ _____



50. If any of these accounts are held in your name with another person, do you intend that the other person should inherit the balance in such account(s) upon your death?

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51. Have you ever given money to someone you intend to be a loan, not a gift and if so, please provide particulars.

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52. **Other Assets (e.g. digital assets, stored genetic material, U.S. assets):**

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**PART IV – LIABILITIES**

53. Other debts

Name of creditor: \_\_\_\_\_ Approx. balance owing: \_\_\_\_\_  
Name of creditor: \_\_\_\_\_ Approx. balance owing: \_\_\_\_\_

54. Are any such debts (e.g. line of credit) secured by way of a collateral mortgage on real property? Provide particulars.

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**INSTRUCTIONS FOR WILL**

If you are not preparing a Will, go to Question 64.

55. **Executors**

First (e.g. spouse, partner) give name, legal relationship to you, address and contact number.

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Alternate (if initial predeceases or is unable to act), give name, legal relationship to you, address, and contact number.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special provisions, if any \_\_\_\_\_

\_\_\_\_\_

Do you want your executor(s) to receive monetary compensation? Y\_\_\_ N\_\_\_

**56. Disposition of clothing, jewellery, personal effects, household goods, furniture, automobiles, etc.**

a. First (e.g. spouse, partner) give name and relationship to you

\_\_\_\_\_

b. Alternate (if initial predeceases) give name and relationship to you (e.g. children)

\_\_\_\_\_

\_\_\_\_\_

**57. Cash Legacies**

Name and Address

Relationship

Amount

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**58. Special Bequests: (e.g. jewellery, art, china)**

Name and Address

Relationship

Item(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**59. Charitable Bequests**

Name and Address

Telephone No.

Amount

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

60. **Residue**

Provisions for Spouse/Partner: \_\_\_\_\_

Provisions for minor children (including what age at which to receive capital): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other Beneficiaries (i.e. adult children, grandchildren) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Failure Clause (i.e. if none of the above survive or if all die in common accident, who will your estate go to?)

\_\_\_\_\_  
\_\_\_\_\_

61. **Custody of minor children and guardianship of their assets**

Full Name/Address/Contact Number of Guardian(s)

\_\_\_\_\_  
\_\_\_\_\_

62. **Funeral Instructions: prepaid funeral, funeral chapel (address), cremation (address), specific burial instructions etc.**

\_\_\_\_\_  
\_\_\_\_\_

63. Where will the original Will be stored (i.e. at home, safety deposit box, other)?

\_\_\_\_\_  
\_\_\_\_\_

**POWER OF ATTORNEY INSTRUCTIONS**

64. Do you wish to have a continuing power of attorney for property (financial power of attorney)?

Y\_\_\_\_ N\_\_\_\_

65. Name, relationship, address & contact number of your attorney(s): [The “attorney” is the person(s) appointed by you to carry out your wishes]

1. \_\_\_\_\_

2. \_\_\_\_\_

**If more than one attorney, please check one box to indicate how they will act:**

Jointly? (must act together)

Jointly and severally (either/or may act):

Main followed by Alternate

66. Restrictions, if any on power of attorney for property (i.e. none)?

\_\_\_\_\_  
\_\_\_\_\_

67. Do you want your attorney(s) for property to receive monetary compensation? Y\_\_\_ N\_\_\_

68. Do you wish to have a power of attorney for personal care? Y\_\_\_ N\_\_\_

69. Name, relationship, address & contact number of your attorney(s) [The “attorney” is the person(s) appointed by you to carry out your wishes]:

1. \_\_\_\_\_

2. \_\_\_\_\_

**70. If more than one attorney, please check one box to indicate how they will act:**

Jointly? (must act together)

Jointly and severally (either/or may act)

Main followed by Alternate

71. Restrictions, if any on power of attorney for personal care (i.e. none)?

\_\_\_\_\_  
\_\_\_\_\_

72. Do you want your attorney(s) for personal care to receive compensation?    Y\_\_\_ N\_\_\_

73. Will the power of attorney for personal care enumerate the kinds of care you require (e.g., no life support if no hope of recovery, etc.)? Please specify.

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74. Family physician (name, address and contact information).

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75. Where will the original Power(s) of Attorney be stored (i.e. at home, safety deposit box, other)?

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